

Office of Administration
Commissioner's Office

"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchase.

Client Na [REDACTED]

Date Enrolled: 8/9/16

| Proposed Purchase Date | Item | Total Cost (include formal estimate from provider of services) | Justification, include other sources of funding that have been attempted |
|-------------------------|--------------------|--|--|
| <u>6/12/17</u> | <u>CAR PAYMENT</u> | <u>\$441.24</u> | <u>UNEMPLOYED.</u> |
| AMOUNT TO BE REIMBURSED | | | |

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only!

Thank you.

Authorized person requesting purchase: _____ WZ

Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____

EXPIRE DATE

ACCOUNT NUMBER

62

PAYMENT DUE - IF RECEIVED ON OR BEFORE
\$441.24 JUN 20, 2022

Address. Please Change? _____

Street Address: _____

City, State, ZIP: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Mailing Address Physical Address

Mail Payment to:
CREDIT ACCEPTANCE CORP
PO BOX 551888
DETROIT MI 48255-1888